

# BETHEL HIGH SCHOOL

7490 South State Route 201 Tipp City, Ohio 45371

## APPLICATION FOR VACATION OR PRE-ARRANGED ABSENCE

Absences due to family vacations, or for another pre-arranged event, will only be recorded as **EXCUSED** if the student has not exceeded the five (5) parent-excused absences per semester. Please see the student handbook for additional details concerning attendance. This form must be filled out completely before an administrator will signet.

It is the student's responsibility to obtain all assignments for the time period of the absence prior to leaving and all work is due upon return to school.

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

BEGINNING DATE OF ABSENCE \_\_\_\_\_ RETURN DATE FOR STUDENT \_\_\_\_\_

DATE: \_\_\_\_\_ REASON FOR REQUEST: \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

PERIOD

TEACHER'S SIGNATURE

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____

ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR SCHOOL USE ONLY

Number of Days requested current vacation form \_\_\_\_\_

Number of Days excused \_\_\_\_\_ unexcused \_\_\_\_\_

Number of Days student has already missed \_\_\_\_\_

Number of Days excused \_\_\_\_\_ unexcused \_\_\_\_\_